



City of Torrance Volunteer Application

Name: _____
Last First M.I.

Address: _____ City: _____ Zip: _____

Day Phone: (____) _____ Evening Phone: (____) _____

CDL: _____ Expires: _____

Do you have car insurance? ☐ yes ☐ no

Are you under 18 years of age? ☐ yes ☐ no

If under 18, parental or guardian consent is required.

Education: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6+

Degree: _____

Which area would you like to be placed: (Indicate up to 3 areas of interest in order of preference)

_____ Recreation/Youth Sports

_____ Madrona Marsh

_____ Library

_____ Theatre/Cultural Arts

_____ Senior Center

_____ Grant Writing

_____ Joslyn Art Gallery

_____ Farmer's Market

_____ Other

Days and hours you are available: *(Example: Thursday, 9AM to 4PM)*

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____

Sunday: _____ to _____

Are you available to work on an on call basis? Yes ___ No ___

For Office Use Only:

	Routed	Placed		Routed	Placed
REC/YS	_____	_____	SENIORS	_____	_____
CAC	_____	_____	FM	_____	_____
MARSH	_____	_____	LIBRARY	_____	_____
OTHER	_____				

References: _____

Please list two references *(no relatives)* below, including phone number:

	Name:	How Acquainted:	No. of Years Acquainted:	Phone:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

(over)

City of Torrance
Volunteer Application *cont'd.*

Emergency Contact: _____

Individual(s) to contact in case of an emergency: (Minors are required to sign a medical release)

Name:

Relationship:

Phone:

1. _____

2. _____

Background Information: This section applies only to those individuals 18 years old and above. _____

Your application is subject to a complete background review including a review of all criminal convictions. **NOTE: A conviction does not immediately disqualify applicants from the volunteer program.** Applicants applying for certain positions will be fingerprinted and processed through the Department of Justice for this purpose. This information will be kept confidential.

Have you ever been convicted of a crime other than a minor traffic violation? ☐ yes ☐ no If yes, please list:

Offense: _____ Date: _____

Offense: _____ Date: _____

Please initial the following statements: _____

I _____ understand that a law enforcement clearance will be obtained if required for my assignment and that references will be contacted.

I _____ declare under penalty of perjury that all statements and answers provided on this application are true and complete to the best of my knowledge. I _____ understand that false, misleading or incomplete information shall be cause for disqualification.

Minors must have parent/guardian consent.

Volunteer's Signature

Date

Parent or Guardian Signature of Consent

Date



Thank You
for Volunteering

Please return to: Olivia Lopez
Volunteer Program Coordinator
City Manager's Office
3031 Torrance Blvd.
Torrance, CA 90503
310/618-5880